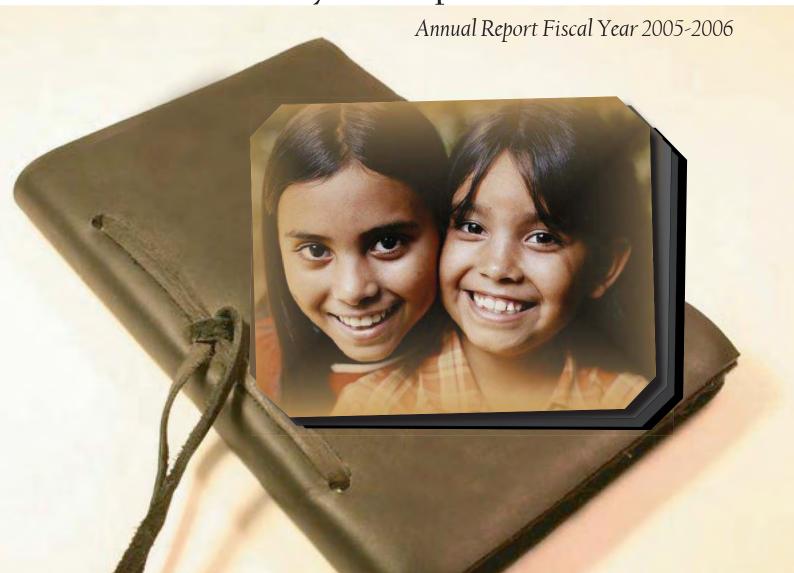
Healthcare Workforce & Community Development Division



"What is important
is that we
do the best
possible job for
the people of
California.
They deserve this!"

--Arnold Schwarzenegger,

Governor



Table of Contents

OSHPD Mission	1
Director's Message	2
HWCDD Staff & Mission	3
Deputy Director's Message	4
Healthcare Pathways Continuum Purpose	5
Healthcare Pathways Continuum Graphic	6
Shortage Designation Program	7
Shortage Designation Accomplishments & Assessment	8
Shortage Designation MUA Map	9
Shortage Designation HPSA Map	10
Health Careers Training Program	11-12
HCTP's Past & Future	13-14
National Health Service Corps/State Loan Repayment Program	15
NHSC/SLRP Map	16
Song-Brown Goals, Award Charts & Map	17-22
Health Manpower Pilot Project & Map	23-25
Legislation, Policy &Publications	26
GIS, Healthcare Geography	27
Research, Policy & Planning	28
Events, Meetings & Activities	29-30

The Mission of the Office of Statewide Health Planning and Development (OSHPD) is to promote healthcare accessibility through leadership in analyzing California's healthcare infrastructure, promoting a diverse and competent healthcare workforce, providing information about healthcare outcomes, assuring the safety of buildings used in providing healthcare, insuring loans to encourage the development of healthcare facilities, and facilitating development of sustained capacity for communities to address local healthcare issues. OSHPD's vision is

"Equitable Healthcare Accessibility for California." David M. Carlisle, M. D., Ph.D., Director Office Of Statewide Health Planning & Development

2005/2006 Healthcare Workforce and Community Development Division Annual Report



Hello and Welcome!

one of the unique joys of being Director of California's Office of Statewide Health Planning & Development (OSHPD) is the ability to speak openly about the contributions of its members. It's the human element of the professional men and women who conduct the daily tasks of this Office, I appreciate. Their contributions are very important to the Office.

Each division has dedicated staff responsible for providing "Equitable Healthcare Accessibility for California." This annual report, of the Healthcare Workforce and Community Development Division (HWCDD), reviews activities and accomplishments conducted by this division during the 2005/2006 fiscal year.

The report's wide scope of responsibility echoes the important value of each member's contribution. The division's involvement mirrors the important work these individuals perform daily in addressing California's healthcare workforce and community development needs.

I encourage you to examine this annual report and come to fully understand why the work performed by this division is so very important and valuable to completing the mission of OSHPD.

HWCDD Staff



Management Staff

L. to r., Earl Green, Stephanie Clendenin, Angela Minniefield, Vickie Marsh, Konder Chung,

Our Mission:

Promoting California's healthcare workforce diversity, distribution, competency, collaboration and capacity for community development.



Greetings!

Angela L. Minniefield, MPA, Deputy Director

Healthcare Workforce & Community
Development Division

During the 2005-2006 fiscal year, the employees of the Healthcare Workforce and Community Development Division (HWCDD) demonstrated their commitment to the OSHPD's vision to provide "Equitable Healthcare Accesssibility for California." One significant achievement was the division's role in helping to advance Governor Schwarzenegger's agenda to address California's Nursing Shortage by developing and implementing the Song-Brown Registered Nurse Program and awarding over \$2.7 million to registered nursing education programs throughout California

Other noteworthy highlights include awarding over \$ 7.2 million in grants and loan repayments to health career pipeline programs; family practice residency, family nurse practitioner, and physician assistant training programs; and individual physicians, dentists, and mental health providers who are serving in health professional shortage areas throughout California.

The division's activities extended beyond providing financial resources and offering technical assistance to healthcare facilities applying for a shortage area designation to leverage federal, state and private resources. The division participated in over 100 conferences, meetings, workshops and roundtables. These events enhance our understanding of healthcare workforce issues related to training and education, personnel shortages, and California's geographic, economic and racial/ethnic diversity. These venues also give the division an opportunity to promote programs and resources designed to inform healthcare workforce policy and planning.



The division's accomplishments and engagements are a testament to the staff's commitment to ensure access to healthcare services in California's rural and urban underserved areas. This annual report is our first attempt to share the past year's activities and to initiate a process to hear your feedback on how we can improve service delivery in future years.

Our role as a statewide office focusing on healthcare workforce issues requires that we identify and share innovative and comprehensive strategies to reduce healthcare personnel shortages. On behalf of our staff, I hope you will review this report and discover how we are influencing California's healthcare workforce by addressing complex shortages, partnering with other health institution leadership and identifying short and long-term solutions to increasing healthcare access in California.

California's Healthcare Pathways Continuum

No one program within the Healthcare Workforce and Community Development Division (HWCDD) stands alone. Each program contributes to completing a segment of California's Healthcare Pathways Continuum collectively supporting the division's mission. The continuum is an administrative model that demonstrates the inter-connection in scope and purpose between all division programs. This model graphically demonstrates how each program depends on another to give strength and value to each program activity. This annual report refers to the continuum model as a device of reference and standardization.



Purpose of the Continuum

- Seamlessly blends program activities into a cohesive and coordinated effort.
- Focuses on developing a wider pool of ethnically and culturally diverse healthcare professionals to practice in medically underserved areas.
- Assists students/trainees through the health professional education pipeline.
- Facilitates placement of healthcare professionals into medically underserved communities.
- Engages in community collaborations to address regional healthcare needs.

HEALTHCARE PATHWAYS CONTINUUM

<u>Career Development</u>

Training for Practice in Underseved Communities

Outreach

Pipeline

- High Schools
- Community Colleges
- CSUs & UCs
- Out-of-State Health Professions & Graduate Programs
- Residency Programs
- Graduate Programs
- Health Careers
 Training Program
- Post-Bac Programs
- Community
 Collaboratives

Placement

Recruitment & Retention

- Community Clinics
- Shortage Area Practices
- Primary Care Clinics
- Residency Programs
- NHSC/Loan Repayment & Scholar Placement Programs

Outreach

Establishes an entry point for health professionals education and training pipeline.

Provides a broad focus to increase pool of future health professionals.

Requires collaborations with a wide variety of institutions.

Target Group

Those interested in ultimately practicing in a medically underseved community.

Career Development

Uses current MD/DO/PA/NP program as a template.

Insures standardized curriculum with room for development of regional electives.

Incorporates other future health professionals (pharmacists, social workers, clinical laboratory scientists, allied health workers, etc.)

Offered to both in-state and out-of-state student/trainees.

Requires collaborations with a wide variety of institutions.

Target Group

Those interested in ultimately practicing in a medically underseved community.

Placement

Provides one-on-one consultations with students and practice sites.

Schedules recruiting forums.

Tracks data to enable targeting of resources by geography and profession.

Tracks the number of health professionals placed in HPSAs/MUAs/MUPs.

Assists in forecasting future need for various professions.

Requires collaborations with a wide variety of institutions.

Target Group

Those interested in ultimately practicing in a medically underserved community.

Identifying Underserved Areas

Shortage Designation Program (SDP)



In the mid-1970's the U.S. Health Resources and Services Administration (HRSA) created the Health Professional Shortage Area(HPSA), and Medically Underserved Area /Medically Underserved Population (MUA/MUP) designations to identify areas having a shortage of health providers, and community health clinics or health centers that lack resources to provide healthcare services to underserved populations.

OSHPD's Shortage Designation Program (SDP) started in 1992 through an annual Cooperative Agreement grant with HRSA. SDP acts as a liaison between the HRSA and healthcare provider sites applying for HPSA and MUA/MUP designations. Depending on designations, clinics are eligible for assignment of National Health Service Corps Personnel or to apply for Rural Health Clinic Certification, Federally Qualified Health Center status (FQHC), FQHC Look-Alike, or New Start/ Expansion Program, depending on the designation.

The annual resources leveraged as a direct result of the designation program equates to approximately \$500 million. These resources represent reimbursements, contributions and grants that federal, state and private entities accumulated as a result of SDP designations.





SDP is responsible for providing technical assistance to potential applicants regarding designation criteria, process, and benefits; for reviewing applications and making recommendations to HRSA on those designations; and for collaborating with federal, state and local agencies to identify underserved areas in California.

Cooperative Agreement & Research, Policy & Planning

Konder Chung



In FY 2005-2006, SDP accomplished the following:

- Provided technical assistance to over 470 healthcare stakeholders on Health Professional Shortage Area (HPSA), and Medically Underserved Area/Medically Underserved Population (MUA/MUP) criteria, process and benefits.
- Reviewed 105 HPSA and MUA/MUP applications and made recommendations to HRSA's Shortage Designation Branch for approval. These categories are listed below:

HPSA Recommendations:

65 - Primary Care

16 - Dental

18 - Mental

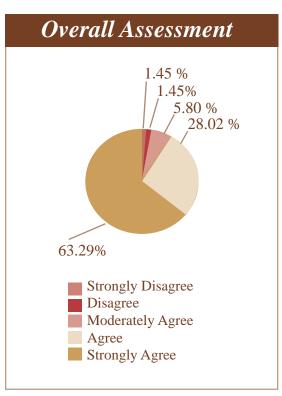
MUA/MUP Recommendations:

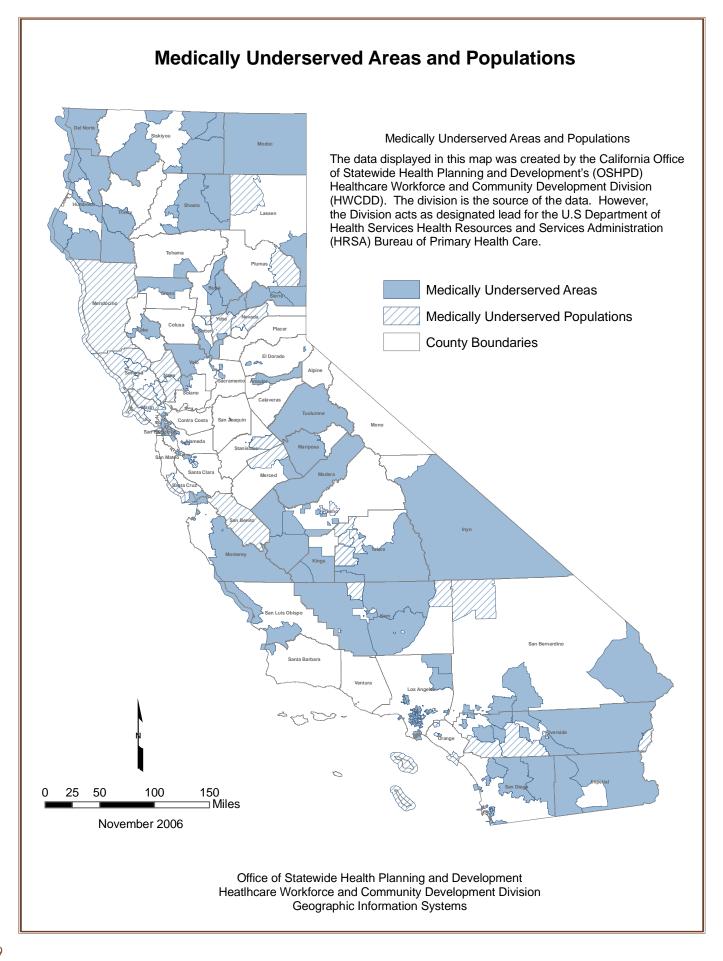
2 - MUA

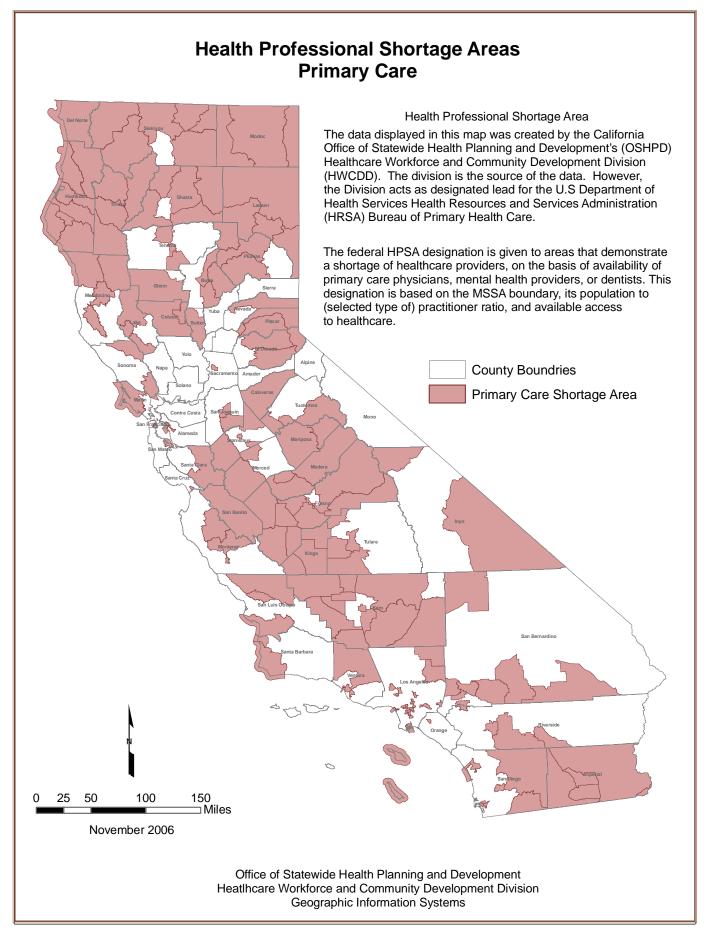
4 - MUP

• Conducted three technical assistance training sessions in Burbank, Burlingame, and Mendocino for 70 individuals from community health clinics, health centers, rural health centers, County and State health departments as well as individual consultants. Attendees of the technical assistance training sessions were surveyed about their experience. Division staff received positive feedback from participants.

The graph to the right illustrates that 63.29% of the participants strongly agree that these trainings were beneficial, 28.02% agree, 5.8% moderately agree, 1.45% disagree, and 1.45% strongly disagree.







Roundtable Meetings

Health Careers Training Program (HCTP)

The 2005-06 fiscal year goals and objectives of the Health Careers Training Program (HCTP), in support of the Healthcare Pathways Continuum was to increase access to culturally and linguistically competent healthcare by expanding the health professions recruitment, training and placement programs. HCTP endeavored to identify the type of healthcare workers needed to ensure adequate access to healthcare services in underserved communities.

Consistent with the strategies of the Healthcare Pathways Continuum, HCTP identified employment and/or training opportunities for entry and mid-level healthcare providers and developed collaborative partnerships among public and private sector healthcare stakeholders to examine the development of a workforce representative of the community being served. Examples of the collaboratives that HCTP staff were actively involved in during the 2005-06 fiscal year include:



Earl T. Green, Jr.

▶ Northern, Central & Southern California Rural Roundtable Meetings

Participants in the Rural Roundtable meetings include healthcare providers, health career educators, healthcare advocate groups, county and state agencies. These roundtables give underserved and under represented rural communities a chance to share concerns with state agencies about the delivery of health care in their areas. The roundtables also afford HCTP an opportunity to provide information on such healthcare workforce issues as obtaining rural health providers and training allied health workers in rural California.

► Tri-County Health Care AccessCollaborative (TCHCAC)

TCHCAC is composed of healthcare providers, educators, and CBO's from Kern, Kings, and Tulare counties. The areas addressed by this collaborative include:

- 1) Health Services
- 2) Regional Health Careers Academy
- 3) Clinic-based Promotora (community outreach worker) program

► Greenlining Institute's Bay Area Healthcare Workforce Diversity Coalition

The goal of the Bay Area Healthcare Workforce Diversity Coalition (Coalition) is to achieve a culturally competent healthcare workforce representative of the linguistic and cultural diversity of the Bay Area. The Coalition is dedicated to strengthening research, policy, and programs within all health careers and education levels.

Working Together

► MiVIA- (Visitantes Informacion Acceso)

MiVIA (Visitantes Informacion Acceso) is an electronic Personal Health Record (PHR utilizing technology to improve health for agricultural workers. The ability to store and download critical health information such as diagnosis, medications, allergies, chronic conditions, treatment plans and test results enhance health outcomes and decrease duplication of services. The goal of MiVIA is to improve health outcomes of migrant and seasonal workers in California. MiVIA, is a scalable program that can be replicated on a regional, statewide and even national level. A pilot project in Sonoma Valley (2002-2005) confirmed the functionality of the program and the positive response of the more than 2,000 users/members.



Garth Fryer & Andi Murphy

HCTP has played an advisory and supportive role in the MiVia implementation through:

- Participation on a steering committee that will roll out MiVia in a uniform manner.
- Identifying community based organizations (CBO's) that will participate in a MiVia collaborative.
- Identifying additional funding streams that will make MiVia more sustainable.

► HCTP Mini-Grants

HCTP awarded over \$69,000 in mini-grants funding for health careers pipeline programs that incorporated one of the four gateways or principles of competent workforce development: academic preparation and support, community service and strengthening, cultural competency, and case management/financial support. The California Wellness Foundation funded the following grants:

Program	Location	Category	Amount
Scripps Mercy Hospital	Chula Vista	Cultural Competency	\$17,200
San Joaquin Valley Community College PA Program	Visalia	Case Management/ Financial Assistance	\$17,500
Young Native Scholars Bridges Program	San Diego	Community Service	\$17,500
California State University, Sacramento - Science Education Equity/Multicultural Organization of Science Students Program	Sacramento	Academic Preparation and Support	17,500



Past

Health Careers Training Program

also attended a variety of conferences and health career fairs to collect

appropriate healthcare workforce data;

discuss the development of healthcare training programs;

expand outreach efforts for health careers pipeline programs;

identify sustainable funding sources;

and examine regional healthcare workforce collaboratives.

Future

The end of FY 2005-2006 marked the beginning of a new direction for HCTP. The examination of activities, events, and collaborative endeavors as well as the identification of current and potential healthcare stakeholders highlighted a need for HCTP to organize, focus and

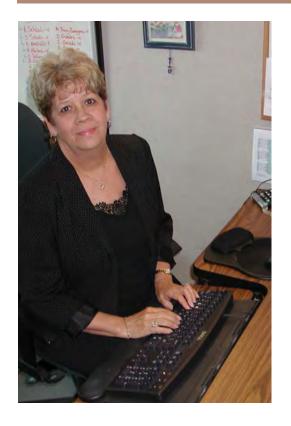


prioritize efforts. This internal examination resulted in the development of a Strategic Plan for FY 2006-2007. In a collaborative effort within HCTP, staff and management established six core elements:

- ► Training/Education
- ► Recruitment
- **▶** Placement
- ► Retention
- ► Marketing/Outreach
- ► Staff Development

Ultimately, the HCTP Strategic Plan will provide the mechanism to measure and evaluate the progress, successes, and impact of healthcare workforce development that it promotes.

Recruiting Professionals



National Health Service Corps/State Loan Repayment Program

Karen Munsterman

The National Health Service Corps/State Loan Repayment Program (NHSC/SLRP) is designed to assist in the placement of primary care health professionals in Health Professional Shortage Areas (HPSAs) of California.

The program encourages health professionals to come to California and practice in areas that they would not necessarily have considered. Certified eligible sites use this program as an incentive when recruiting prospective healthcare professionals. This, in turn, improves access to primary healthcare in underserved areas.

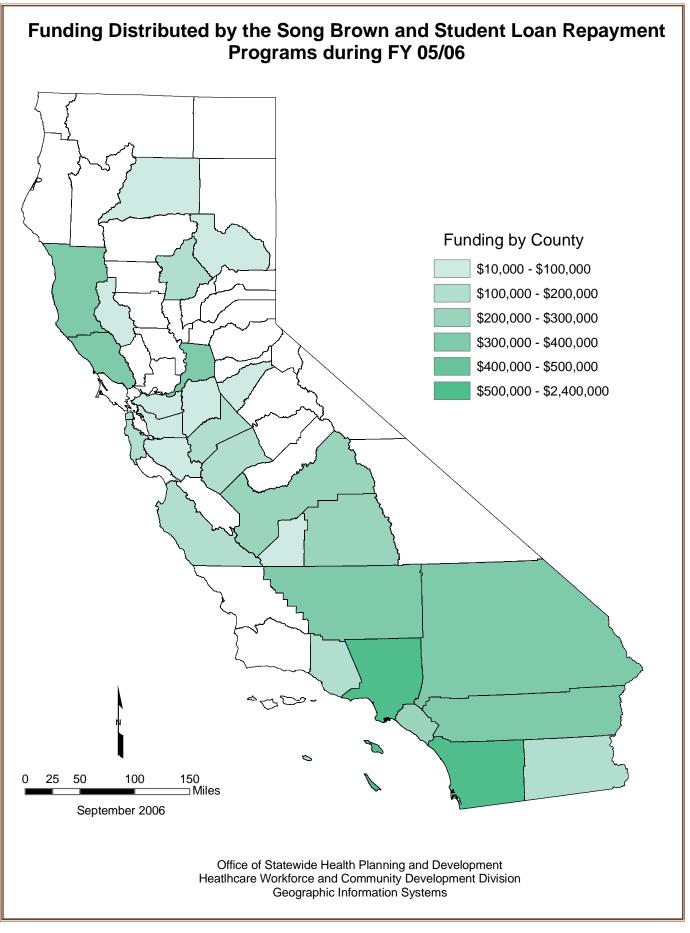
For fiscal year 2005-2006, a total of \$739,949.00 was awarded to 27 new State Loan Repayment Program (SLRP) participants and 9 contract extensions. The following numbers illustrate the SLRP awards according to discipline and geography:

REGION		COUNTY A	WARDS
Northern	2		
		Sonoma	1
		Mendocino	1
Central	20		
		Alameda	3
		Fresno	1
		Kings	1
		Stanislaus	1
		Tulare	6
		Madera	1
		Merced	4
		Monterey	1
		San Joaquin	2
Southern	14		
		Los Angeles	7
		San Diego	5
		Ventura	2
Total	36	Total	36

DISCIPLINE	AWARDS
MD/DO	19
PA	10
Dentists	6
NP	1
Total	36

URBAN/ RURAL	AWARDS
Urban	20
Rural	16
Total	36

SLRP takes a pro-active role in recruiting applicants through marketing. This year SLRP increased its marketing activities by attending and presenting at various conferences, workshops, and career fairs, and disseminating information through the SLRP website which received an average of 156 hits per day.



Song-Brown Program

Manuela Lachica

The Song-Brown Program in conjunction with the California Healthcare Workforce Policy Commission awards funds to family practice residency programs, family nurse practitioner and physician assistant training programs, and registered nurse education programs in an effort to increase the number of providers who serve the healthcare needs of the State's underserved populations.



The Song-Brown Program was statutorily established in 1973 to increase the number of family practice physicians and physician assistant providers being trained in the State to provide needed medical services to the people of California. Family nurse practitioners were added to the Song-Brown program in 1978, and in 2005 Governor Arnold Schwarzenegger added a registered nurse expansion component as part of his \$90 million California Nursing Education Initiative. This Initiative is a public-private partnership to directly address the root causes of California's critical nursing shortage by improving nurse recruitment, training and retention.

Serving Healthcare Needs

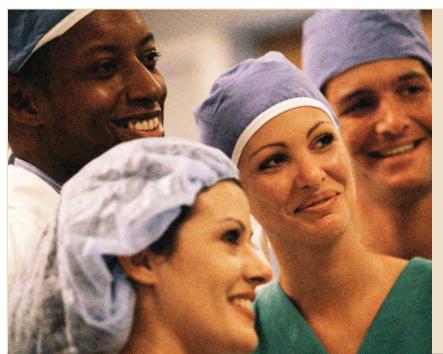
The 2005-06 fiscal year was a busy one for the Song-Brown program as staff set in motion the new registered nurse component of the Song-Brown Program. The Song-Brown program sought the expertise of key representatives from the areas of registered nurse education, licensing, and workforce and formed the Registered Nurse Task Force. Under the guidance of this task force, staff quickly developed, implemented and awarded the first \$2.4 million of Song-Brown funding to Registered Nurse Education Programs.

The Song-Brown Program awards funds to programs that demonstrate success in meeting the goals of the program which include:

- 1. Placing family practice physicians, physician assistants, family nurse practitioners and registered nurses in areas of unmet need.
- 2. Attracting and admitting members of under-represented minority groups to the program.
- 3. Locating of the programs and/or clinical training sites in medically underserved areas.

During the 2005-06 Fiscal Year the Song-Brown Program awarded the following:

- 1. \$ 2.4 million to 11 registered nurse education programs.
- 2. \$ 1.4 million to 13 family nurse practitioner and physician assistant training programs.
- 3. \$ 2.7 million to 27 family practice residency programs.



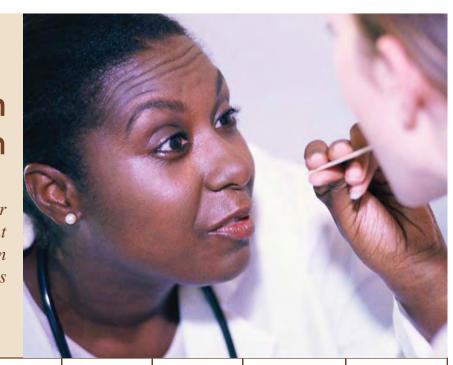
Song-Brown Program

Registered Nurse Education Programs Awards

County	Program	Special Program Awarded	Capitation Funding Awarded	Total Awarded
Kern	CSU Bakersfield	\$125,000.00	\$181,382.50	\$306,382.50
Mendocino	Mendocino Comuunity College	\$125,000.00	\$150,000.00	\$275,000.00
Los Angeles	CSU Long Beach	\$125,000.00		\$125,000.00
San Diego	Univ. of San Diego Hahn School		\$125,000.00	\$125,000.00
Los Angeles	LA County College of Nursing	\$124,856.00		\$124,856.00
Butte	CSU Chico	\$124,634.00		\$124,634.00
Imperial	Imperial Valley College	\$125,000.00		\$125,000.00
Riverside	Riverside Community College		\$278,167.00	\$278,167.00
Los Angeles	College of the Canyons	\$120,607.00	\$119,000.00	\$239,607.00
Los Angeles	Azusa Pacific University	\$124,971.00	\$320,000.00	\$444,971.00
San Bernadino	Copper Mountain College	\$125,000.00	\$150,000.00	\$275,000.00
TOTAL		\$1,120,068.00	\$1,323,549.50	\$2,443,617.50

Song-Brown Program

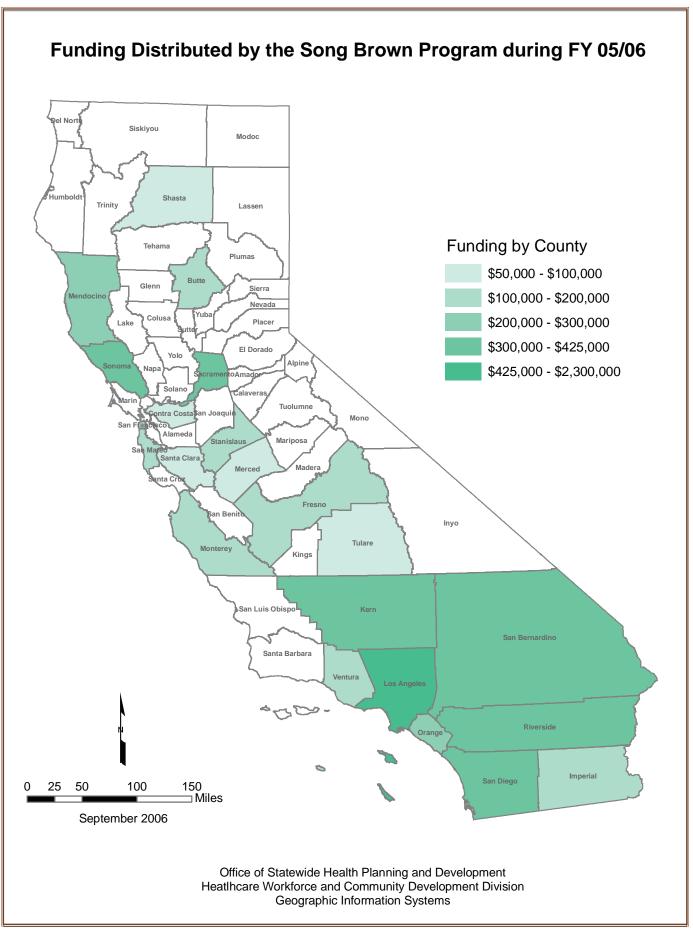
Family Nurse Practioner and Physician Assistant Training Program Awards



			Special	Base	
			Program	Funding	Total
County	Program	Category	Award	Award	Award
Los Angeles	Azusa Pacific University	FNP		\$62,535.00	\$62,535.00
Los Angeles	CSU Long Beach	FNP		\$139,411.00	\$139,411.00
Los Angeles	Charles R. Drew University	PA		\$98,523.00	\$98,523.00
Riverside	Riverside Community College	PA		\$69,836.00	\$69,836.00
Tulare	San Joaquin Valley College	PA		\$62,350.00	\$62,350.00
Sonoma	Sonoma State University	FNP	\$99,490.00	\$156,112.00	\$255,602.00
San Mateo	Stanford University	FNP/PA		\$196,422.00	\$196,422.00
Sacramento	UC. Davis	FNP/PA		\$279,941.00	\$279,941.00
Orange	UC Irvine	FNP		\$44,930.00	\$44,930.00
Los Angeles	UC Los Angeles	FNP		\$69,836.00	\$69,836.00
San Francisco	UC San Francisco	FNP		\$64,222.00	\$64,222.00
Los Angeles	University of Southern California	PA		\$106,391.00	\$106,391.00
TOTAL			\$99,490.00	\$1,350,509.00	\$1,449,999.00

Song Brown Program Family Practice Residency Program Awards

County	Program	Special Program Awarded	Funding Awarded	Total Awarded
Los Angeles	USC -California Hospital Medical Center		\$103,230.00	\$103,230.00
Los Angeles	Charles R. Drew University		\$34,410.00	\$34,410.00
Contra Costa	Contra Costa Regional Medical Center		\$103,230.00	\$103,230.00
Kern	Kern Medical Center		\$103,230.00	\$103,230.00
Ventura	Ventura County Medical Center		\$86,025.00	\$86,025.00
Los Angeles	Harbor - UCLA Medical Center		\$137,640.00	\$137,640.00
San Bernardino	Loma Linda University		\$51,615.00	\$51,615.00
Los Angeles	Long Beach Memorial Medical Center		\$103,230.00	\$103,230.00
Merced	Mercy Medical Center, Merced		\$103,230.00	\$103,230.00
Shasta	Mercy Medical Center, Redding		\$34,410.00	\$34,410.00
Monterey	Natividad Medical Center		\$103,230.00	\$103,230.00
Los Angeles	Northridge Hospital Medical Center		\$51,615.00	\$51,615.00
Santa Clara	San Jose - O'Connor Hospital		\$51,615.00	\$51,615.00
Los Angeles	Pomona Valley Medical Center		\$34,410.00	\$34,410.00
Los Angeles	Presbyterian Intercommunity Hospital		\$51,615.00	\$51,615.00
Sacramento	UC Davis		\$103,230.00	\$103,230.00
Orange	UC Irvine	\$39,842.00	\$51,615.00	91,457.00
Los Angeles	UC Los Angeles		\$103,230.00	\$103,230.00
San Francisco	UCSF - San Francisco General Hospital		\$51,615.00	\$51,615.00
San Diego	UC San Diego	\$149,165.00	\$172,050.00	321,215.00
Fresno	UCSF - Fresno		\$154,845.00	\$154,845.00
Riverside	Riverside County Regional Medical Center		\$154,845.00	\$154,845.00
San Diego	Scripps Memorial Hospital, Chula Vista		\$51,615.00	\$51,615.00
Sonoma	Sutter, Santa Rosa		\$137,640.00	\$137,640.00
Stanislaus	Stanislaus County Health Services Agency		\$103,230.00	\$103,230.00
Los Angeles	University of Southern California (Dept. of Family Medicine)		\$86,025.00	\$86,025.00
Los Angeles	White Memorial Medical Center	\$112,500.00	\$103,230.00	215,730.00
TOTAL		\$301,507.00	\$2,425,905.00	\$2,727,412.00



Filling the Gap



Health Manpower Pilot Projects Program (HMPP)

Gloria Robertson

The Legislature established HMPP during the early 1970s. This program is used by various healthcare related organizations to study the potential expansion of a health profes-

sion's scope of practice. Projects are designed to facilitate better access to healthcare and to expand and encourage workforce development. The program provides the opportunity for healthcare related organizations to demonstrate, test, and evaluate new or expanded roles for healthcare professionals or new healthcare delivery alternatives. These demonstration projects help inform the Legislature when considering changes to existing legislation in the Business and Professions Code. The active pilot projects during the 2005-06 fiscal year were:

HMPP #169: Use of Emergency Medical Technician-Paramedics (EMT-P) in the General Acute Care Hospital Emergency Department

This project studied the use of alternative personnel in hospital emergency rooms experiencing nursing staff shortages. The study explored ways to maintain safe staffing levels while ensuring the quality of care. The recommendation from this project was to use a team approach. The EMT-Ps would serve as nurse extenders in an emergency setting when demand for registered nurses exceeded supply. The team would include a registered nurse, clinical technician and an EMT-P.

HMPP #171: Access through Primary Care (APC) Project - Demonstrating the Role of Advanced Practice Clinicians in Expanding Early Pregnancy Care

This project demonstrates and evaluates the role of advanced practice clinicians in providing first trimester aspiration abortion and miscarriage management as part of coordinated early pregnancy care. This project is currently under public review.

With California's critical shortage of healthcare professional, HMPP is experiencing an increase in calls and inquiries from organizations looking for innovative ways to fill the gap in providing healthcare services.

In Health Services

Oral Healthcare

In addition to managing the pilot project program, the HMPP program manager also serves on the following councils and task-forces:

Oral Health Access Council (OHAC) In 2001, the California Primary Care Association (CPCA) and the California Dental Health Foundation (DHF) together launched the Oral Health Access Council (OHAC), a major campaign aimed at solving California's oral disease epidemic. OHAC is a multi-lateral, non-partisan effort directed toward improving the oral health status of the state's traditionally underserved and vulnerable populations. The HMPP Program Manager is participating with the OHAC as an ex-offico member. During the 2005-06 fiscal year, staff participated with the workforce subcommittee in discussing issues of oral health disparities and strategies for improvement and also took part in the review of the draft dental professional capacity survey instrument. The survey results are expected to be released in 2007.

University of the Pacific's Statewide Task Force on Oral Health for People with Special Needs - California Task Force on Oral Health and Aging - An innovative community-based system to address this statewide problem.

In 2003, the University of the Pacific's (UOP) Center for Oral Health for People with Special Needs joined forces with the California Department of Developmental Services "...HMPP program manager also serves on...
Oral Health Access Council (OHAC),...
a multi-lateral, non-partisan effort
directed toward improving the
oral health status of the state's traditionally
underserved and vulnerable populations."

and eight regional centers throughout California to design and implement a community-based system of oral health care for adults and children with special needs. The community-based system is a model of care that utilizes a "dental coordinator," of-

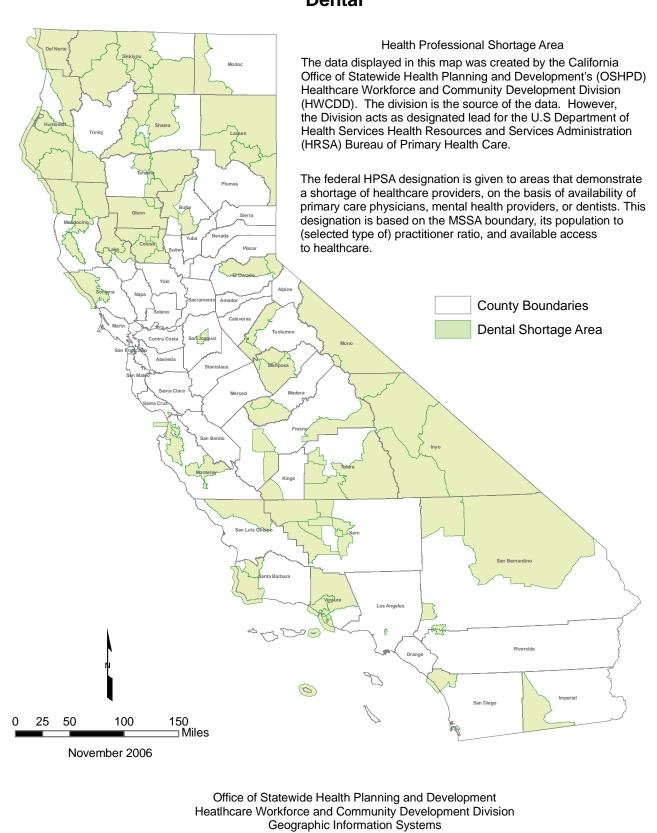
ten a dental hygienist or dental assistant, as a new resource in designated regional centers from Sacramento to Riverside. Prior to this program, dental professionals did not exist in the regional centers.

During the past year, the HMPP program manager worked with two work-groups to address the UOP's Policy Reform Plan workplan. The work groups are identified as Workgroup #3-Data Collection and Workgroup



#6-Workforce Expansion. Workforce #3 is tasked with identifying specific areas where additional data will assist policy reform efforts and advocate for collection of data or collect data in these areas. Workgroup #6 focus expands the oral health workforce to include additional levels of practitioners with expanded scope of duties to adequately address the oral health of people with special needs.





Legislation& Policy Papers

The unit tracked legislation, performed legislative analysis and wrote issue papers on the following important healthcare workforce issues.



Dr. David Carlisle, Director of OSHPD

• SB 1309 - Healthcare Workforce Clearinghouse

HWCDD worked directly with the Senate Office of Research (SOR) on technical language to develop the California Workforce Clearinghouse as a function of OSHPD to collect healthcare workforce data in the state. This bill ran unopposed and had great support. Just prior to final vote, the Clearinghouse language was stricken.

AB 2754 – Hospital and Facility Staffing

This bill would have required OSHPD to conduct a comprehensive study of allied healthcare supply and demand and would have provided the director of the Department of Health Services (DHS) with the authority to levy fines against facilities that do not annually update a plan or procedure for determining staffing of professional and technical classifications and fine facilities that do not comply with the plan or procedure. It also would have required OSHPD to conduct a comprehensive analysis of hospital and facility staffing for non-physician/non-nursing fields.

Telemedicine

HWCDD participated in a working group to establish a state policy for deployment of broadband statewide using telemedicine as the primary business case.



Healthcare Geography

California Geographic Information Systems (GIS) Council

Michael Byrne

Ichael Byrne represents the California Health & Human Services Agency (CHHS) on the California GIS Council (Council), and currently serves as its chair. As such, he has highlighted the great GIS work being done by HWCDD, OSHPD and CHHS to the GIS community at large. This community, traditionally led by natural resource areas of government, is realizing the collective value in health GIS applications. Having the health perspective at the chair of this council returns far more than highlighting healthcare facilities, workforce and shortage designations as available datasets. It increases awareness of health business, illustrates the value in collaboration and increases trust by potential partners for advancing GIS sharing in the State. Under Michael's leadership, the council established three work groups (more than in any other chair tenure). These work groups are:

- Digital Lands Records Inventory Work Group The intent of this group is to form a process to stitch together each county's parcels layer for multiple useage. The availability of this data referred to as parcels, is pertinent to health applications in geo-coding (common to workforce specifically, and health applications in general). Once available, HWCDD, OSHPD and Agency will have widespread potential for identifying populations affected by healthcare issues.
- Strategic Planning Work Group The newly formed Strategic Planning Work Group is taking on the task of developing a Council strategic plan. This group is the largest work group with active engagement from local, regional, state, federal and academic sectors. Three of its 14 professional members represent health. Prior to our involvement in the council, health was never a player in statewide GIS issues. Now, it's evolving into a driving influence.
- Imagery Work Group The Imagery Work Group looks at the Imagery for the Nation (IFTN) Program, spearheaded by the National States Geographic Information Council. IFTN calls for seamless imagery in the public domain for information provided by existing federal programs. IFTN also initiates collaboration with local entities. The council's work group has decided to endorse the program. This recommendation constitutes a formal endorsement from the council, and a letter to that end is pending.

Council meetings are open to the public.

A Leading Resource

Research, Policy & Planning

The Research, Policy and Planning unit is a leading resource in California for Geographic Information Systems (GIS) and analysis of healthcare resources. The unit provides data and research service to HWCDD, OSHPD, the California Health and Human Services Agency (CHHS) and in some cases other state agencies. GIS serves as the focal point of this unit. With GIS technology, the unit helps all programs in the division accomplish their work plans through effective data analysis. The unit tracks access to care, workforce shortage, and workforce distribution trends, through map analysis and graphic displays of quantitative information. In addition, the unit prepares research and analysis for groups like the Healthcare Workforce Policy Commission and the CHHSA. Finally, as appointed by the secretary of CHHS, staff person Michael Byrne serves as chair of the California GIS Council.

Publications & Papers



Dave Dixon

During the 2005-06 fiscal year, the unit wrote the following papers which address access to care, using GIS for healthcare analysis, and providing a framework for healthcare data analysis:

- "Deploying Ubiquitous Broadband in Rural California to Enhance Economic Development, Education and Healthcare," 2006, prepared by the California Telemedicine and eHealth Center for Secretary Sunne McPeak.
- "California's experience with implementing GIS to support equitable healthcare accessibility," Byrne, Christman and McAdara; presented at the ESRI International Health Users Group Conference, Chicago 2005. http://gis.esri.com/library/userconf/health05/docs/pap1056.pdf.
- "From ZIP Codes to a better framework for healthcare data," Byrne and Christman; at ESRI International Users Group Conference 2006. http://gis.esri.com/library/userconf/proc06/papers/papers/pap_1648.pdf

Marketing and outreach is an integral part of getting the word out about HWCDD programs.

During the 2005/2006 fiscal year, division staff attended, exhibited and/or distributed materials at the following:

Events, Meetings, & Activities

July 1, 2005 Through June 30, 2006

Date of Event	Name of Event	Location
August 4	Chicano Youth Conference, CSU	Sacramento, CA
August 16-20	Annual National Conference of State Legislatures (NCSL)	Seattle, WA
August 29	Agricultural Workers Health Initiative	Sacramento, CA
September 29-30	California Primary Care Association (CPCA)	Burbank, CA
October 14	Northern California Latino Health Forum	Sacramento, CA
October 28	RHORC Health Career Counselors Training Seminar- CSU, LA	Los Angeles, CA
November 4	OSHPD Community Forum with Assembly Member Nichol Parra-Hanford	Sacramento, CA
December 5-6	CSRHA Rural Health Conference	Sacramento, CA
January 9-11	National Leadership Summit on Eliminating Racial & Ethnic Disparities in Health	Washington, DC
January 19	Health Manpower Pilot (HMPP) Projects #171 Public Hearing - Access Through Primary Care (APC) Project - Demonstrating the Role of Advanced Prac- tice Clinicians in Expanding Early Pregnancy Care	Sacramento, CA
February 6-7	California Career Partnership Consortia Conference	Anaheim, CA
February 7-8	Song-Brown FNP/PA & RN Meeting of the California Healthcare Workforce Policy Commission (CHWPC)	Burbank, CA
February 16	Los Rios Foundation Campaign Cabinet Meetings	Sacramento, CA
February 22-24	California Hospital Association's (CHA's) 21st Annual Rural Health Care Symposium	Sacramento, CA
March 9-10	California Cooperative Agreement Shortage Designation Program 13th Annual HPSA & MUA/MUP Designation Training	Burlingame, CA

Date of Event	Name of Event	Location
March 13-17	Intro to Programming with ArcObjects Version 9.x	Redlands, CA
March 19-22	National States Geographic Information Council (NSGIC)	Annapolis, MA
March 20-22	State Primary Care Office (PCO) Annual Meeting	Herndon, VA
March 23-24	10th Annual National Hispanic Medical Association (NHMA) Conference	Washington, DC
March 24	Cal Health Occupation Students of America Conference	Burbank, CA
March 28-29	California Cooperative Agreement Shortage Designation Program13th Annual HPSA & MUA/MUP Designation Training	Mendocino, CA
April 12-14	California Workforce Association Conference	San Diego, CA
April 4-7	12th Annual CalGIS Conference	Santa Barbara, CA
April 19-21	Song-Brown RN Program Funding Meeting	Oakland, CA
April 21	TCWF Healthcare Diversity Conference	San Francisco, CA
May 16	Great Valley Conference	Sacramento, CA
May 8	California Institute for Nursing & Health Care (CINHC) Advisory Meeting	Los Angeles, CA
May 17-18	Racial and Ethnic Approaches to Community Health (REACH) 2010	Los Angeles, CA
June 12-13	Northern California Rural Roundtable	Trinidad, CA
June 12-13	Conference on Increasing Diversity in the Health Professions	San Francisco, CA